

# Exhibit A

7/21/2020

Please DocuSign: HITSMAN, JACK.pdf

Subject: Please DocuSign: HITSMAN, JACK.pdf  
Date: 7/21/2020 9:47:00 AM Eastern Standard Time  
From: dse\_NA3@docusign.net  
Reply To: customerservice@paymentgroup.net  
To: [REDACTED]

**DocuSign**

Customer Service sent you a document to review and sign.

## REVIEW DOCUMENT

Customer Service  
[customerservice@paymentgroup.net](mailto:customerservice@paymentgroup.net)

PLEASE READ AND SIGN THE ATTACHED DOCUMENT.

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**LSA**

1(855) 209-3887  
1(888) 640-1843 Fax

July 21, 2020

Case Number: WT943025

Account Number: 3000012615411000

Creditor: SANTANDER

JACK L HITSMAN

[REDACTED]

**Payment Authorization Form**

Schedule your payment to be automatically deducted from your bank account or charged to your Visa or MasterCard. Just complete and sign this form to get started!

Please complete the information below:

JACK L HITSMAN

I, \_\_\_\_\_ authorize LSA to receive my payment indicated below for the scheduled payment amount(s) on the scheduled date(s).

Payment/s Scheduled As Follows: FOR SETTLEMENT

Amount Paid: \$75.00 on 07/20/20

Payments Pending: (3) Payments of \$808.33 on 08/03/20, 08/17/20, and 08/31/20

Payment Method: VISA [REDACTED]

\*\*\*\*\*

I understand that this authorization will remain in effect until I cancel it in writing and agree to notify LSA in writing of any changes to my account information or termination of this authorization at least 10 days prior to the next billing date.

Authorization form according to the terms outlined above. I understand that this authorization will remain in effect unless I cancel it in writing prior to the scheduled payment date using the LSA Customer service email address listed below. Cancellation is not allowed on the day of the transaction. I understand failure to comply with the company's cancellation policy will result in the transaction being final. Furthermore, I understand that once the transaction has been processed there will be no refunds given.

Here's How Recurring Payments Work: You authorize regularly scheduled charges to your checking/savings account or credit card. You will be charged the amount indicated below each billing period. A receipt for each payment will be mailed to you and the charge will appear on your bank statement as LSA. You agree that no prior notification will be provided unless the date or amount changes, in which case you will receive notice from us at least 10 days prior to the payment being collected.

I certify that I am the owner of the above stated debt and that I am in default of this debt and agree to repay this outstanding debt according to the mutual and agreeable arrangements and terms established with LSA. I certify that I am an authorized user of this credit card and that I acknowledge that the agreement made with LSA was made through a telephone transaction and I acknowledge that I was made aware that all calls are monitored and recorded. I will not dispute the payment with my credit card company, provided the transactions correspond to the terms indicated in this authorization form. I also acknowledge that I understand and accept LSA refund and cancellation policy as listed above.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

This is an attempt to collect a debt and any information obtained will be used for that purpose

We appreciate your corporation,

LSA

**Certificate Of Completion**

Envelope Id: 47F98B7B25BE4DB68E0012C02B582BAA

Subject: Please DocuSign: HITSMAN, JACK.pdf

Source Envelope:

Document Pages: 1

Certificate Pages: 4

AutoNav: Enabled

EnvelopeId Stamping: Enabled

Time Zone: (UTC-08:00) Pacific Time (US &amp; Canada)

Signatures: 0

Initials: 0

Status: Delivered

Envelope Originator:

Customer Service

1 CS

1 CS

FORT MILL, SC 29715

customerservice@paymentgroup.net

IP Address: 70.63.227.186

**Record Tracking**

Status: Original

7/21/2020 6:45:46 AM

Holder: Customer Service

customerservice@paymentgroup.net

Location: DocuSign

**Signer Events**

JACK L HITSMAN

Security Level: Email, Account Authentication  
(None)

Electronic Record and Signature Disclosure:

Accepted: 7/21/2020 7:20:12 AM

ID: beb50d30-fcf5-486c-8b3c-1dd5d23ba8ca

Signature

Timestamp

Sent: 7/21/2020 6:46:56 AM

Viewed: 7/21/2020 7:20:12 AM

**In Person Signer Events**

Signature

Timestamp

**Editor Delivery Events**

Status

Timestamp

**Agent Delivery Events**

Status

Timestamp

**Intermediary Delivery Events**

Status

Timestamp

**Certified Delivery Events**

Status

Timestamp

**Carbon Copy Events**

Status

Timestamp

**Witness Events**

Signature

Timestamp

**Notary Events**

Signature

Timestamp

**Envelope Summary Events**

Status

Timestamps

Envelope Sent

Hashed/Encrypted

7/21/2020 6:46:56 AM

Certified Delivered

Security Checked

7/21/2020 7:20:12 AM

**Payment Events**

Status

Timestamps

**Electronic Record and Signature Disclosure**

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If you decide to receive notices and disclosures from us electronically, you may at any time change your mind and tell us that thereafter you want to receive required notices and disclosures only in paper format. How you must inform us of your decision to receive future notices and disclosure in paper format and withdraw your consent to receive notices and disclosures electronically is described below.

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If you elect to receive required notices and disclosures only in paper format, it will slow the speed at which we can complete certain steps in transactions with you and delivering services to you because we will need first to send the required notices or disclosures to you in paper format, and then wait until we receive back from you your acknowledgment of your receipt of such paper notices or disclosures. Further, you will no longer be able to use the DocuSign system to receive required notices and consents electronically from us or to sign electronically documents from us.

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#### **How to contact Payment Group:**

You may contact us to let us know of your changes as to how we may contact you electronically, to request paper copies of certain information from us, and to withdraw your prior consent to receive notices and disclosures electronically as follows:

To contact us by email send messages to: [customerservice@paymentgroup.net](mailto:customerservice@paymentgroup.net)

#### **To advise Payment Group of your new email address**

To let us know of a change in your email address where we should send notices and disclosures electronically to you, you must send an email message to us at [customerservice@paymentgroup.net](mailto:customerservice@paymentgroup.net) and in the body of such request you must state: your previous email address, your new email address. We do not require any other information from you to change your email address.

If you created a DocuSign account, you may update it with your new email address through your account preferences.

#### **To request paper copies from Payment Group**

To request delivery from us of paper copies of the notices and disclosures previously provided by us to you electronically, you must send us an email to [customerservice@paymentgroup.net](mailto:customerservice@paymentgroup.net) and in the body of such request you must state your email address, full name, mailing address, and telephone number. We will bill you for any fees at that time, if any.

#### **To withdraw your consent with Payment Group**

To inform us that you no longer wish to receive future notices and disclosures in electronic format you may:

- i. decline to sign a document from within your signing session, and on the subsequent page, select the check-box indicating you wish to withdraw your consent, or you may;
- ii. send us an email to [customerservice@paymentgroup.net](mailto:customerservice@paymentgroup.net) and in the body of such request you must state your email, full name, mailing address, and telephone number. We do not need any other information from you to withdraw consent.. The consequences of your withdrawing consent for online documents will be that transactions may take a longer time to process..

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To confirm to us that you can access this information electronically, which will be similar to other electronic notices and disclosures that we will provide to you, please confirm that you have read this ERSD, and (i) that you are able to print on paper or electronically save this ERSD for your future reference and access; or (ii) that you are able to email this ERSD to an email address where you will be able to print on paper or save it for your future reference and access. Further, if you consent to receiving notices and disclosures exclusively in electronic format as described herein, then select the check-box next to 'I agree to use electronic records and signatures' before clicking 'CONTINUE' within the DocuSign system.

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